ERRATA

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ALL-COUNTY LETTER NO. 86-44, NOIA V. McMAHON

This letter transmits replacement pages to the Instructions on Completing Notices of Action (second and third pages only) of All-County Letter No. 86-44. Also transmitted are replacement pages for NOIA Notice of Action Numbers 3, 6, and 7.

The two NOIA 6, Denial notices have been renumbered NOIA 6A, Denial and NOIA 6B, Denial. The instructions on completing the Notices of Action have been amended to reflect the renumbering. The NOIA 3, Restore Following Receipt of Loan and the NOIA 7, Refund Grant Reduction Following Receipt of Loan have been replaced to correct the authority line.

We apologize for any inconvenience this may have caused you. If you have any questions please contact Jim Mullany, AFDC and Food Stamp Policy Implementation Bureau, at (916) 324-2661.

Attachments

cc: CWDA

NOIA 3 RESTORE FOLLOWING RECEIPT OF LOAN

Use to change grant amount after it was reduced in the current month due to receipt of a small loan in the current month (prospective budgeting) or in the budget month (retrospective budgeting) that did not make the case ineligible for that month.

Some cases may also require a NOIA 7, Refund Grant Reduction Following Receipt of Loan.

NOIA 4 RESCIND DENIAL

Use to rescind denial and approve aid back to the appropriate BDOA using the rule at MPP 44-317 for cases denied in error.

Fill in the month of the original denial.

Check the box and fill in the partial 1st month's aid amount if the beginning date of aid is not on the first of a month.

NOIA 5 RESTORE AND/OR REFUND GRANT REDUCTION FOLLOWING OVERPAYMENT ADJUSTMENT

Use to stop the adjustment amount for an overpayment due to the receipt of a loan in any month from October 1985 through May 1986. Also use to notify the case of an underpayment amount for the grant adjustment(s) made since May 1, 1986.

Complete the blanks to show the date the adjustment will stop and the old and new grant amounts.

If grant adjustments have been made, check the first box at the bottom and indicate the amount of the underpayment. Check the appropriate box indicating when the underpayment will be sent.

NOIA 6A DENIAL

Use to deny after the client's documentation and other eligibility factors have been verified. Use when a computation of income ineligibility is necessary.

Check the appropriate box.

Complete the reason for ineligibility if the second box is checked. Show the computation for ineligibility.

NOIA 6B DENIAL

Use to deny after the client's documentation and other eligibility factors have been verified. Use when a computation of income ineligibility is \underline{not} necessary.

Check the appropriate box.

Complete the reason for ineligibility if the second box is checked.

NOIA 7 REFUND GRANT REDUCTION FOLLOWING RECEIPT OF LOAN

Use to refund grant reductions that have been made since May 1, 1986 due to the counting of a non-governmental loan as income. One Notice is necessary for each month of aid that is being refunded.

Fill in the month the loan was originally counted as income.

Fill in the month cash aid was reduced, the amount owed the case for that month and check the appropriate box indicating when the underpayment will be refunded.

Some cases may also need a NOIA 3, Restore Following a Receipt of a Loan.

Page

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name Case Number : Worker Phone Date

Description of the Action, Amount, Reason(s), Control of the Action, Amount, Reason(s), Control of the Monthly is changing your norder says we money the says we says we say the say of the says we say the say of		
The Action	omments. Effective Monthly cash aid from \$ the following action is being income when you in	
The County is changing your new monthly cash aid is fig order says we can't count it as it when agreement must show the agreement.		
You had loan money that we constitute agreement must show the amount of money within 90 days and it must be signature.	ommo-	
order had loan cash aid your n	monts. Effective	
The says we commoney the is fig	nonthly cash	
Within agreement count we co	oured on the aid from the	
loan ag days must she it as	inted again notice \$ me following action	
When when and it must the am	monthly cash aid from \$ the following action is being unted on this notice. Income when you in mount loaned, a plan to pay it back starting hour income goes down and your cash.	ta
amount goes up. count that	nount loaned you have	-
soes up count the	med by you, a plan a signed . A m	
"at money	you and the lender it back agreement	
-7	your inc. tender. y back steement.	
•	ncome goes de lou have arting	
Com-	down and a signed	
Computation of:	income against you in nount loaned, a plan to pay it back starting from hour income goes down and your cash aid	
Financial Eligibility	aid aid	
Aid Payment	No	
Control	Net Nonexempt Income Computation	
Special Needs (specify) for	"Computation	
Net Nos		
Net Non-exempt Income Child Spousal C	Standard Work Expense D:	
Child/Spousal Support Collected by the County Total Grant	Standard Work Expense Disregard Disregard Disregard	
(for eligibility computation only)		
Vernal Grant	Disregard: \$30	
Aid a Adjustment	Subtotal Subtotal	
verpayment Adjustment (see page	Dictor	
	Disregard: 1/3 of Subtotal Other Countable Incom	
Julations	Court Ordered Child/Spousal Support Paid Net Nonexempt Income Net Nonexempt Income Total (columns 1 + 2 + 3) re available for review at the county welfare department: Manual of	
cles and p. This action is	Court Ordered Child (c	
or required by c.	Net Nonexempes +	
Cal California State regulations	Net Nonexempt Income	
California Admini Which ar	re availate	
Suppose Suppos	McMabe for review	
in the District A	order and order and	
triese services, or the services and the services are the	ACL 86-37 Wellare department	
Planning Service Continue them them to coate and	Manual of	
Information if aid is discontinuous	'ent le	
Baring. If you	u musically establish	
date of the are dissatisfied	riust contact the Diagram child's pater	
action. Read the with this age.	Velfare Denaming Attorney's and college	
Planning Services, or to continue them if aid is discontinued, you are dissatisfied with this action, your aid may 3, RESTORE FOLLOWING.	re available for review at the county welfare department: Manual of McMahon order and ACL 86-37 Tent, legally establish your child's paternity, and collect child support. Welfare Department on request.	
FOLLOWING FOLLOWING	Continue un-	
RECEIPT OF	about your stanged if you	
Paring. If you are dissatisfied with this action, your aid may date of the action. Read the back for important information at 3, RESTORE FOLLOWING RECEIPT OF LOAM	right to and ask for a n	

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State of California Health and Welfare Agency

NOIA 6A, DENIAL

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date :

Description of the Action, Amount, Reason(s), Comments. The County has denied your application		wing act	ion is be	ing taken
_ You did not show us a signed loa a plan to pay it back starting w		of th	e loa	n and
You showed us a signed loan agrent not get cash aid now. It is:	ement, but there is another	reaso	n you	can
Computation of: Financial Eligibility	Net Nonexempt Income Computation	Name	Name	Name
Aid Payment for persons Special Needs (specify) +	Total Earned Income Inc. Tax, Sec. Sec. and Dicab. Inc. Standard Work Expense Disregard Dependent Care Expense Disregard Disregard: \$30			
Net Non-exempt Income Child/Spousal Support Collected by the County (for eligibility computation only) Total Grant	Subtotal Disregard: 1/3 of Subtotal Other Countable Income:	+		
Overpayment Adjustment (see page) =	Court Ordered Child/Spousal Support Paid Net Nonexempt Income Net Nonexempt Income Total (columns 1 + 2	+ 2 + 3)		
Regulations. This action is required by State regulations who Policies and Procedures (MPP) Section(s) Authority: NOT	iich are available for review at the county welfa A v. McMAHON order and ACL 86-37			
Medi-Cal: California Administrative Code Title 22, Section(s) Child Support. The District Attorney can help you locate an ab				

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

effective date of the action. Read the back for important information about your right to appeal this action.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

Family Planning Services. Information is available from the County Welfare Department on request.

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Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date

Description of the Action, Amount, Reason(s), Comments. Effective The County has denied your application.			_, the following action is being taken:		
You did not show us a s a plan to pay it back s			of the loan and		
You showed us a signed not get cash aid now.		there is another	reason you can		
Regulations. This action is required by State re Policies and Procedures (MPP) Section(s) Author	egulations which are available foority: NOIA v. McMAHON o	r review at the county welfar order and ACL 86-37	e department: Manual of		

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Medi-Cal — California Administrative Code Title 22, Section(s)

Page 1 of ___

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker ; Phone : Date :

Description of the Action, Amount, Reason(s), Comments. Effective. The County owes you an underpayment.	, the following action is being taken
You had loan money that we counted against you in order says we can't count it as income when you have a	. A new court signed loan agreement.
The agreement must show the amount loaned, a plan to within 90 days and it must be signed by you and the ler loan agreement.	o pay it back starting nder. You have a signed
When we do not count that money, your income goes do amount goes up.	own and your cash aid
We will pay back the amount taken out of your case We owe you \$	sh aid amount in
a check is enclosed.	
a check will be sent soon.	
Regulations. This action is required by State regulations which are available for review at Policies and Procedures (MPP) Section(s) <u>Authority: NOIA v. McMAHON order a</u>	the county welfare department: Manual of nd ACL 86-37
Niedi-Cal — California Administrative Code Title 22, Section(s)	
State Hearing. If you are dissatisfied with this action, your aid may continue unchanged	

effective date of the action. Read the back for important information about your right to appeal this action.

NOIA 7, REFUND GRANT REDUCTION FOLLOWING RECEIPT OF LOAN